

## DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES OFFICE OF CHILD CARE LICENSING NEW CASTLE COUNTY (202) 202 5000 TIME (4.15 D.M. TO 7.15 D.M.

NEW CASTLE COUNTY (302)892-5800 TIME: 6:15 P.M. TO 7:15 P.M.



## REGISTRATION FOR ADMINISTRATION OF MEDICATION CERTIFICATION TEST

State law requires that only individuals who have successfully completed a state approved test with a grade of at least 80% may administer medication in child care. Prior to taking the test, you must study the *Administration of Medication Self-Study* packet located at: http://kids.delaware.gov/pdfs/occl\_administration\_of\_meds\_2005.pdf

The test will be conducted and monitored by a Registered Nurse who will be available from 6:15 p.m. to 6:30 p.m. on the testing night to answer any questions you or your staff may have about the content of the self-study packet. The testing begins at 6:30 p.m. and ends at 7:15 p.m. Admittance to the testing session will not be permitted after the test begins so do not arrive late. **Current Photo ID is required to attend the session**.

There is a **Non-Refundable** fee of **\$10.00 per person** payable by money order with this Registration Form. Child care centers, please list the names of staff and date of birth of those attending, to attend on a separate page. Only those individuals who are at least 18 of age, who are employed with a licensed facility, have prepaid, and are pre-registered will be permitted to attend. Please select an alternate date for which you could attend. You are registered for your first choice unless otherwise notified. A new registration slip and additional money order is required if you fail to attend or if you reschedule your test.

NEW CASTLE COUNTY TESTING LOCATION → DO NOT MAIL THIS REGISTRATION FORM TO THIS ADDRESS (SEE INSTRUCTIONS BELOW)

CONCORD PLAZA – HAGLEY BUILDING 3411 SILVERSIDE ROAD WILMINGTON, DELAWARE 19810

Monday, September 21, 2015				Monday, October 5, 2015			N	Monday, October 26, 2015			
Monday, November 30, 2015						Monday, December 14, 2015					
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REGISTRATION SLIP FOR NEW CASTLE COUNTY [PLEASE PRINT LEGIBLY]											
NAME:	(PRINT LEGIBLY)					UR PHONE #:			DOB:		
YOUR EMAIL ADDRESS:											
STREET ADDRESS:					(	CITY/STATE/Z					
IF YOU WORK FOR A CENTER: NAME OF CENTER:			:					CENTE			
TESTING DATE: 1 <sup>ST</sup> CHOICE				2 <sup>ND</sup> CHOICE			Ξ		l		
MAKE MONEY ORDERS PAYABLE TO: STATE OF DELAWARE/DFS											
► NO CHECKS ~ NO CASH ~ MONEY ORDERS ONLY <											

MONEY ORDER MUST BE COMPLETED IN FULL. INCOMPLETE MONEY ORDERS WILL BE RETURNED.

**Detach and mail registration to:** 

OFFICE OF CHILD CARE LICENSING 1825 FAULKLAND ROAD WILMINGTON, DELAWARE 19805

\$10.00 PER PERSON